

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b)).

Attorney Docket No. 23337

First Inventor Tsuyoshi WATANABE

Title Contact Unit and Socket for Electrical Parts

Express Mail Label No. EV 325934642 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 24]</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages 13]</p> <p>5. Oath or Declaration [Total Pages 0]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).</p> | <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. Statements verifying identity of above copies</p> |
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ACCOMPANYING APPLICATION PARTS

- | | |
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| <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> | <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(If foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> |
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18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted applications parts.

18. CORRESPONDENCE ADDRESS

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Registration No. 28,233

Signature

Date July 10, 2003

16559 U.S. PTO
07/10/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003. Patent fees are subject to annual revision.</small>		Complete If Known	
Applicant claims small entity status. See 37 CFR 1.27		Application Number	
TOTAL AMOUNT OF PAYMENT (\$) 750		Filing Date	July 10, 2003
		First Named Inventor	Tsuyoshi WATANABE
		Examiner Name	
		Group Art Unit	
		Attorney Docket No.	23337

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: 50-1936 Deposit Account Name: Law Office of Lawrence E. Laubscher, Jr. The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fees(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: 13 Independent Claims: 2 Multiple Dependent: Extra Claims: 0 Fee from below: 0 Fee Paid: 0 <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$) 0</td> <td colspan="2"></td> </tr> </tbody> </table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$) 0						**or number previously paid, if greater. For Reissues, see above *Reduced by Basic Filing Fee Paid																																																																																																																																																			
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SUBMITTED BY					
Name (Print/Type)	Lawrence E. Laubscher, Jr.	Registration No.	28,233	Telephone	410-280-6608
Signature				Date	7/10/2003

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